

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. 34198
 Township St. Charles Primary Registration District No. 3036 Registered No. 778
 City St. Charles (No. 619, Bentons Ave) St. _____ Ward _____

2. FULL NAME

Fred. Drost
 (a) Residence, No. 619 1/2 Benton St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Meisel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1957

7. AGE YEARS 76 MONTHS 2 DAYS 29 IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Charles County (STATE OR COUNTRY) Mo

13. NAME Ernst Drost

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Louise Floetmann

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Fred Drost (ADDRESS) 619 1/2 Benton St. St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Hubert Cem. DATE Oct 12 1933

19. UNDERTAKER F. D. Callaway & Sons Co. (ADDRESS) 500 2nd St. St. Charles Mo.

20. FILED 10/11 1933 Carroll B. Husted Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9th 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept - 8 1933 to Oct - 9 1933

I last saw him alive on Oct - 9 1933 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 10/7A

Duration about 10 days

Other contributory causes of importance:
107A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. J. [Signature] M. D.
 (Address) St. Charles, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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